

FILED
U.S. DISTRICT COURT
NORTHERN DIST. OF TX
FT. WORTH DIVISION

ORIGINAL

United States District Court
Northern District of Texas
Fort Worth Division

2014 JUL 25 AM 11:54 *cb*

CLERK OF COURT *(MP)*

UNITED STATES OF AMERICA)

VS) No. 4:14-CR-00023-A

CHRISTOPHER ROBERT WEAST)

Surrender of Defendant and Release of Non-Defendant

I, James Joseph Smith, authorized representative, without recourse, of CHRISTOPHER ROBERT WEAST, named in this cause, do hereby relinquish, defuse and wave all rights, benefits and privilege's to this document, which is a contract with the court and the government, over to the court on this date, July the twenty third day, two thousand and fourteen, July 23, 2014. CHRISTOPHER ROBERT WEAST is a fictitious name and not one of the people of God, I AM.

I have attached to this page (see attached) the Defendant.

Respectfully submitted,

Christopher Robert Weast

Authorized Representative, without recourse

TARRANT COUNTY
FORT WORTH, TEXAS

BR 709

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NO.

1. PLACE OF BIRTH a. COUNTY TARRANT		2. USUAL RESIDENCE OF MOTHER [Where does mother live?] a. STATE TEXAS		b. COUNTY TARRANT	
b. CITY OR TOWN [If outside city limits, give precinct no.] FORT WORTH		c. CITY OR TOWN [If outside city limits, give precinct no.] FORT WORTH		ZIP CODE 76114	
c. NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION NORTHWEST HOSPITAL, INC.		d. STREET ADDRESS [If rural, give location] 2201 TRUE			
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME [Type or Print] [a] First CHRISTOPHER		[b] Middle ROBERT		[c] Last WEAST	
4. DATE OF BIRTH JANUARY 31, 1974					
5. SEX MALE		6a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		6b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
7. NAME [a] First LARRY		[b] Middle DAVID		[c] Last WEAST	
8. COLOR OR RACE CAUCASIAN					
9. AGE [At time of this birth] 23 YEARS		10. BIRTHPLACE [State or foreign country] TEXAS		11a. USUAL OCCUPATION MECHANIC	
11b. KIND OF BUSINESS OR INDUSTRY AUTOMOTIVE COMPANY					
12. MAIDEN NAME [a] First BOBBIE		[b] Middle GWINN		[c] Last WILLIAMS	
13. COLOR OR RACE CAUCASIAN					
14. AGE [At time of this birth] 20 YEARS		15. BIRTHPLACE [State or foreign country] TEXAS		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER [Do NOT include this child] a. How many OTHER children are now living? 1 b. How many OTHER children were born alive but are now dead? 0 c. How many children were born dead [fatal deaths after 20 weeks pregnancy]? 0	
17. INFORMANT BOBBIE WEAST					
18. I hereby certify that this child was born alive on the date stated above at 8:55 P.m.		19a. ATTENDANT'S SIGNATURE ROGER MOORE, M.D. 19b. ATTENDANT'S ADDRESS 2100 HIWAY 183 N.W. FORT WORTH, TEXAS		19c. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/> 19d. DATE SIGNED JANUARY 31, 1974	
20a. REGISTRAR'S FILE NO. 709		20b. DATE RECD BY LOCAL REGISTRAR FEB 6 1974		20c. REGISTRAR'S SIGNATURE L. S. Braddock	

NW013467

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

July 15, 2014

ISSUED

Mary Louise Garcia
Mary Louise Garcia, County Clerk
Tarrant County, Texas

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

Christopher Robert Weast
without recourse

803 Halliwell Dr.
Fort Worth, TX 76108

United States District Court
Northern District of Texas
501. W. 10th St. ~~Room #310~~ Rm #310
Fort Worth, TX 76102-3643


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